DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10017682-1

As a below named inventor. I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System	Δnd	Method	For 9	Scanning	To A	Host	Computer

Customer Number 022879

the specification of which i	s attached hereto unless the following box is ched	cked:
() was filed on	as US Application No. or PCT Inter	national Application
Number	and was amended on	_ (if applicable).
I hereby state that I have including the claims, as an disclose all information whi	reviewed and understood the contents of the ab nended by any amendment(s) referred to above. ch is material to patentability as defined in 37 CFF	oove-identified specification, I acknowledge the duty to R 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

,	COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U S.C 119
				YES. NO-
2				YESNO:

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) issted below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filling date of the prior application and the national or PCT international filling date of this application.

	APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)
1			
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POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

	Label here	
Send Correspondence to:	Direct Telephone Calls To:	
HEW LETT-PACKARD COMPANY	•	
Intellectual Property Administration	Anthony J. Baca	
P.O. Box 272400		
Fort Collins, Colorado 80527-2400	(208) 396-3597	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor:	Kairi Ann Johnston	Citizenship: US
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Inventor's Signature		
inventor's Signature		Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10017682-1

Full Name of # 2 joint inventor:	Honee Lee Mesa	Citizenship: US
Residence:	205 W. Claire Street, Meridian, ID 83642	
Post Office Address:	Same as Above	
Inventor's Signature	Date	
ilivelitor's Signature	Date	
Full Name of # 3 joint inventor	-	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 4 joint inventor	r.	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 5 joint invento	r:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 6 joint inventor	or:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
Full Name of # 7 joint invent	or:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	
a digitature	Date	
Full Name of #8 joint invent	or:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature	Date	

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